## MEETING MINUTES FOR THE

## GOVERNOR'S COUNCIL ON BEHAVIORAL HEALTH

## THURSDAY, FEBRUARY 12, 2015

**Members present:** Richard Leclerc (Chair), Linda Bryan, Chaz Gross, Cheryl Patnaude, Anne Mulready, Sarah Dinklage

Appointed members present: none

**Statutory members present: none** 

**Ex-officio members present:** Abby Swienton (Governor's Office), Jeff Hill (DOH), Ray Neirinckx (OHCD), Rebecca Plonsky, Deborah Florio, Jason Lyon (EOHHS), Maria Montanaro, Becky Boss, Brenda Amodei, Charles Williams, Elizabeth Kretchman (BHDDH), Chris Strnad (DCYF), Lou Cerbo (DOC), Denise Achin (RIDE/RITAP)

Guests: Gary Bliss, Lisa Tomassi, Lisa Marceau, Jai Santiago (TPC), Leigh Reposa (RISAS), Susan Jacobsen (MHARI), Lisa Conlen (PSNRI), Brian Sullivan (Operation Stand Down), George O'Toole, Tom Joyce (TPC/Anchor), Shannon Spurlock (JSI)

**Staff:** Jim Dealy

**Review of minutes** (Rich Leclerc): A quorum being present, the meeting was called to order. The Minutes of January 13, 2015, were reviewed. There being no other corrections, the Minutes were approved.

**Prevention Subcommittee:** (Sarah Dinklage) The Evidence Based Practices Workgroup is identifying prevention EBPs through existing EBP registries. It is also studying peer review guidelines for the immediate purpose of developing review criteria for a current grant, and for the longer-term purpose of developing standards for future EBPs, especially for sub-populations for whom there aren't adequate EBPs, and eventually, for all BH practice in the state.

Linda Bryan asked whether providers of integrated DD/MH/substance abuse services are on the EBP workgroup. *Sarah will report back at the March meeting*.

Sarah reported on work going on in the Prevention subcommittee around prevention funding. The subcommittee is concerned about the Legislature's substitution of Block Grant dollars for state dollars, as exemplified by last year's withdrawal of all state funds from the Community Prevention Coalitions which followed previous reductions in state funding. The substitution was only partial – there was a net loss of \$300,000 to the program. This has led to reductions in local capacity to implement effective prevention strategies.

In addition, several people raised concerns about the effect this will have on federal funding. SAMHSA grants, including the Block Grants, require states to match federal grant funds. Not doing so could result in the loss of federal dollars on which the state is dependent. For example, during the most recent legislative session, the Legislature cut all state funding for the Synar Program. This funding supports enforcement of the State's youth access to tobacco law as required by federal Synar regulations. Federal funds cannot be used for this purpose. State compliance with federal Synar regulations is a condition for receipt of the SAPT Block Grant. If state funds are not reinstated, the State will be out of compliance and would be subject to the loss of some or all of the SAPT Block Grant award. This situation is currently under consideration in the Legislature. The Prevention Subcommittee is asking the Council to consider a response to these issues. *This will be discussed at the March meeting*.

Linda Bryan raised the issue of Parity between behavioral health and primary care in managed care services. While this required by law, it is uneven in practice.

EBP Workgroup report attached

Youth Suicide: (Jeff Hill) The Rhode Island Youth Suicide Program administered by DOH is in its third round of funding (\$750,000/year for 5 years). It is for 0-24 year olds and is primarily educationally-based, with school and college staff trained to do crisis assessments and referrals. Some schools are trained in EBPs that enhance their response capacity to become "intensive" sites. Youth identified as at risk are referred through Kids Link. There are working links to DCYF, the VA and other partners and Brown's ASPIRE and the Brady Center's websites. Council members asked about connections with parent groups, DOC staff and homeless service providers. The program does and will train staff at any of these settings. Jeff mentioned that suicide prevention procedures are now a routine part of training for new DCYF staff.

RIYSPP Power Point attached

**Healthy Transitions Grant:** (Brenda Amodei) Brenda updated the Council on the grant, for which the Council is creating a State Advisory Committee to be chaired by Anne Mulready

Healthy Transitions Power Point attached

**Block Grant:** Charles Williams will present on this at the March meeting

**Update from EOHHS:** (Deb Florio) 60,000 consumers have been enrolled into Medicaid Expansion (including 3000 individuals leaving the DOC) and an additional 7,000 people have been enrolled through the Exchange. This has greatly increased access to general healthcare, with an average first appointment wait time of 30-40 days. However, specialty care, including prescriber service, averages 60 days. Medicare and Medicaid "Dual Eligibles" are now under Neighborhood HP's management.

In response to a question, Deb said that the healthcare re-design stakeholders group that focused on integrating behavioral and medical healthcare has been on hold. Several members expressed concern that even those who had been involved in the stakeholder's group had heard nothing for some time. Behavioral health appeared to some members to have had less priority in previous healthcare planning than physical healthcare, and concern was expressed that further planning should not go forward without behavioral health representation.

It was suggested that the Council discuss its role in the SIM grant planning at the March meeting.

**Update from BHDDH:** (Becky Boss) SAMHSA has initiated a new Strategic Initiative to develop the behavioral health workforce, including both those working directly in the behavioral healthcare field and those working in settings, especially medical care, who need expertise in behavioral health practice as part of healthcare integration. The initiative will be coordinated by the SAMHSA Regional Directors (our region's is Kathryn Power). A statewide stakeholder's workgroup will develop the planning effort, but the initial step will be a phone meeting between Kathryn Power and BHDDH to assess Rhode Island's current workforce readiness, which will take place in the next few weeks.

SAMHSA's description of the process is attached.

**Update from DCYF:** (Chris Strnad) DCYF is now re-contracting Phase II of the System of Care

**Old/New Business:** The Children's Mental Health Coalition's second annual conference will be held on May 8<sup>th</sup> at the Sheraton in Warwick. The Mercury Coalition (MHRC of RI) will hold a rally from 2:30-4:30 on May 3<sup>rd</sup>. MHARI is putting together its "May its Mental Health Month" calendar, and Susan Jacobsen asked that anyone who has a related event give her their information to be added to the calendar.

The meeting was adjourned by vote of the members.

Next Meeting: Tuesday, March 10, 2015, 1 P.M.

**Barry Hall** 

**Conference Room 126** 

14 Harrington Road, Cranston, RI 02920

Statutory and Public members, please let Jim Dealy know if you cannot attend

This meeting is open to the public.

If you plan to attend and you require special accommodations to ensure equal participation, please contact Jim Dealy at the Division of Behavioral Healthcare Services at 462-0118.